

REPORT OF TRANSFER - PARTIAL SALE

To be filed by the previous owner (disposer).

State Form 23299 (R3/2-96)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

10 N. SENATE AVE.

INDIANAPOLIS IN 46204-2277

(317) 232-7436

NOTE: As the predecessor/dispenser, you have the option to transfer, or not to transfer, part of your experience balance (tax rate) to the successor/acquirer. When an employer acquires a distinct and segregable portion of the organization, upon application and agreement, he assumes the position of the predecessor with respect to the portion of resources and liabilities of the predecessor's organization. This could result in a high tax rate. Reference Indiana Code 22-4-10-6-b.

- This report is not valid unless received within 150 days immediately following the date of disposition or not later than 10 days after notification from this agency. Reference Indiana Code 22-4-10-6-b.
- **THIS REPORT MUST BE FILED IF:** You have sold, leased or disposed of a distinct and segregable portion of your Indiana operation and payroll will continue to be paid under your current Federal ID number.
- If you disposed of, or leased, all of your Indiana business or assets, do not complete this form. You are required to complete State Form 46799, Report of Transfer - Complete Sale.

Please type or print in ink.

Date change became effective: (mm/dd/yy) _____

1. Disposer's Indiana SUTA No.: _____ () FEIN: _____ - _____

Legal name of employing unit: _____

d/b/a: _____

Business activity: _____

Current address: _____ PO Box _____

City: _____ State: _____ ZIP Code _____ - _____ - _____

Contact person: _____ Telephone No.: () _____ - _____ Ext.: _____

2. Acquirer's Indiana SUTA No.: _____ () FEIN: _____ - _____

Legal name of employing unit: _____

d/b/a: _____

Business activity: _____

Current address: _____ PO Box _____

City: _____ State: _____ ZIP Code _____ - _____ - _____

Contact person: _____ Telephone No.: () _____ - _____ Ext.: _____

3. What percentage of your operations were disposed of? _____ %

4. Number of employees retained by you: _____

5. Number of employees rehired by the new entity: _____

6. List all locations that were sold or disposed of. Please attach additional sheets if needed.

1. _____

2. _____

7. List any Indiana operations retained by you. Please attach additional sheets if needed.

1. _____

2. _____

8. TRANSFER OPTION: Do you wish to give the new owner part of your experience balance (tax rate)? ☐ Yes ☐ No

• If NO, sign and date the bottom of this page where indicated.

• If YES, proceed to the back of this report and be sure to read "NOTE" at the top of the page.

I certify that I do not want to transfer any portion of my experience balance. I further certify that I am the owner or authorized agent of the above mentioned entity.

Authorized Signature

() -
Telephone Number

Date

If you wish to transfer, complete the reverse side of this report.

FOR OFFICE USE ONLY

Disposition Date	
Disposition Code	
Audit Examiner	
Date Completed	
Fed. Cert. Requested	

REPORT OF TRANSFER - PARTIAL SALE (continued)

State Form 23299

Disposer's Account #

NOTE: This report is not valid unless received within 150 days immediately following the date of disposition, or not later than ten (10) days after notification from this agency.
Reference Indiana Code 22-4-10-6-b.

(Reassigned Account #)**Instructions for the remainder of this report.**

Fill out completely if you wish to transfer a portion of your experience balance (tax rate).

(Acquirer's Account #)

These transfer percentages shall be obtained by determining the ratios of (taxable) wages paid in connection with the portion of the business retained and the (taxable) wages paid in connection with the portion of the business disposed of during the following period: the three full fiscal years ending on June 30 immediately preceding the disposition date and the period from the end of these three periods to the date of disposition*. Reference Indiana Code 22-4-19-1 and 22-4-19-2.

NOTE: The percent of taxable wages transferred and retained must equal total taxable wages of fiscal year ending June 30. Percentages may be used instead of actual wage figures.

FISCAL YEAR July 1 - June 30	RETAINED WAGES		TRANSFERED WAGES		TOTAL UC-1 Taxable
	Taxable Wages	%	Taxable Wages	%	
Year 1					
Year 2					
Year 3					
* Partial Year					
TOTALS	\$	+	\$	=	\$
		%	+	%	= 100%

* This is payroll beginning July 1 following Year 3, and ending on the date of the disposition.

The signatures of both parties constitutes "application and agreement by . . . the disposing and acquiring employers".

If the successor employer was not previously tax liable for SUTA, this agreement will entitle acquirer to the predecessor rate, and place the acquirer in "the position of the predecessor . . . with respect to the portion of the resources and liabilities ... of the predecessor's organization . . .".

"The successor employer, if an employer prior to the acquisition, shall pay at the rate of contribution originally assigned to it for the calendar year in which the acquisition occurs, until the end of that year".

The predecessor's experience balance with the Indiana Department of Workforce Development will be reduced by the amount of "transferred wages" and corresponding taxes paid, and both entities would be subject to the normal annual merit rate process thereafter. Reference Indiana Code 22-4-10-6-a and b and c.

Signature of **DISPOSER** or Authorized Agent_____
Printed Name of **DISPOSER** or Authorized Agent_____
Date

STATE OF INDIANA

County of _____ SS:

Subscribed and sworn before me a Notary Public in and said County this

_____ day of _____ 19____

Notary Signature_____
Notary's Name (Print or type)_____
County of Residence_____
Commission Expiration Date_____
Signature of **ACQUIRER** or Authorized Agent_____
Printed Name of **ACQUIRER** or Authorized Agent_____
Date

STATE OF INDIANA

County of _____ SS:

Subscribed and sworn before me a Notary Public in and said County this

_____ day of _____ 19____

Notary Signature_____
Notary's Name (Print or type)_____
County of Residence_____
Commission Expiration Date

Remarks: _____